

Kids Care! 2016-2017

October 12/November 9/December 14
January 11/February 15/March 15/April 12/May 10

Dear Goshen Families,

The Goshen Friends community has been invited again this year to bring energy and friendship through group activities to our next door neighbors at Bellingham senior living community. Since 2006, Goshen students and their families have looked forward to these Wednesday afternoons, when friends from several generations socialize and bring smiles to each other's faces.

All Goshen Friends students and their families are invited to join us again this year! On the Wednesdays listed above, we will meet at 3 p.m. in the lower school all-purpose room before walking over to Bellingham. Preschool children—who must be accompanied by a parent or guardian—can either meet us in the lower school or at Bellingham. All lower school children not accompanied by a parent or guardian are to be picked up in the Extended Care room (or on the playground, if weather permits) no later than 4:15 pm unless contracted to stay longer.

If you and your children would like to participate, please fill out the bottom portion of the form and return it by backpack by **Thursday, October 6**. (Keep the top portion with dates for your records!) You will receive a confirmation email the Monday before each Kids Care Wednesday. We hope you can join us!

In friendship,
Tr. Mimi Ackers – mimi.ackers@goshenfriends.org

(Please complete and detach this portion and return it to school)

(Child's name) _____ in (class/grade) _____ has my permission to participate in the following Kids Care after school activities from 3:00 pm to 4:15 pm:

_____ October 12	_____ February 15
_____ November 9	_____ March 15
_____ December 14	_____ April 12
_____ January 11	_____ May 10

He/She

_____ will be picked up at 4:15 in Extended Care room or on the playground, if weather permits.

_____ is already contracted to stay in Extended Care program after 4:15 pm.

_____ This child is a preschooler. The accompanying adult will be: _____.

_____ As the parent/guardian of this Lower School student, I would also like to attend this event and bring with me (names and ages of additional children):

Parent/Guardian (print): _____ Emergency # _____

Parent/Guardian (signature): _____ Date: _____

Parent email address: _____

Please list food allergies for your child here: _____